

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b>				<b>1. Requisition Number</b> SEE SCHEDULE		<b>Page</b> 1 <b>Of</b> 4	
<b>Offeror To Complete Block 12, 17, 23, 24, &amp; 30</b>							
<b>2. Contract No.</b> DAAE20-02-D-0070		<b>3. Award/Effective Date</b> 2003JAN27		<b>4. Order Number</b> 0003		<b>5. Solicitation Number</b>	
<b>6. Solicitation Issue Date</b>							
<b>7. For Solicitation Information Call:</b>		<b>A. Name</b> CHRISTOPHER CALHOUN		<b>B. Telephone Number (No Collect Calls)</b> (309)782-1086		<b>8. Offer Due Date/Local Time</b>	
<b>9. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTC-D ROCK ISLAND IL 61299-7630  <b>e-mail:</b> CALHOUNC2@RIA.ARMY.MIL		<b>Code</b> W52H09  <b>10. This Acquisition Is</b> <input type="checkbox"/> Unrestricted <input checked="" type="checkbox"/> Set Aside: % For <input checked="" type="checkbox"/> Small Business <input type="checkbox"/> Small Disadv Business <input type="checkbox"/> 8(A) <b>SIC:</b> <b>Size Standard:</b>		<b>11. Delivery For FOB Destination Unless Block Is Marked</b> <input type="checkbox"/> See Schedule <input checked="" type="checkbox"/> <b>13a. This Contract Is A Rated Order Under DPAS (18 CFR 700)</b> <b>13b. Rating</b> DOA5 <b>14. Method Of Solicitation</b> <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		<b>12. Discount Terms</b>	
<b>15. Deliver To</b> SR W0K8 USA MAC ROCK ISL ARSENAL BLDG 299 GILLESPIE AV AND BECK LANE ROCK ISLAND IL 61299-5000		<b>Code</b> W52H1C		<b>16. Administered By</b> DCMA TWIN CITIES BISHOP HENRY WHIPPLE FEDERAL BLDG 1 FEDERAL DRIVE, ROOM 1150 FORT SNELLING MN 55111-4007			
<b>Telephone No.</b>				<b>Code</b> S2401A			
<b>17. Contractor/Offeror</b> DIMENSIONS UNLIMITED INC 4467 WHITE BEAR PARKWAY SAINT PAUL MN 55110-7626		<b>Code</b> OCCB0 <b>Facility</b>		<b>18a. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381			
<b>Telephone No.</b>				<b>Code</b> HQ0339			
<input type="checkbox"/> <b>17b. Check If Remittance Is Different And Put Such Address In Offer</b>		<b>18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked</b> <input type="checkbox"/> See Addendum					
<b>19. Item No.</b>	<b>20. Schedule Of Supplies/Services</b>			<b>21. Quantity</b>	<b>22. Unit</b>	<b>23. Unit Price</b>	<b>24. Amount</b>
	SEE SCHEDULE						
(Attach Additional Sheets As Necessary)							
<b>25. Accounting And Appropriation Data</b> ACRN: AA 21 32035000031C1C14P53450531E9 S11116 W52H09						<b>26. Total Award Amount (For Govt. Use Only)</b> \$356,700.00	
<input type="checkbox"/> <b>27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4. FAR 52.212-3 And 52.212-5 Are Attached.</b>						<input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
<input checked="" type="checkbox"/> <b>27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4. FAR 52.212-5 Is Attached. Addenda</b>						<input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
<b>28. Contractor Is Required To Sign This Document And Return _____ Copies</b> <input type="checkbox"/> To Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein.				<b>29. Award Of Contract: Reference _____ Offer</b> <input type="checkbox"/> Dated _____. Your Offer On Solicitation (Block 5) Including Any Additions Or Changes Which Are Set Forth Herein Is Accepted As To Items:			
<b>30a. Signature Of Offeror/Contractor</b>				<b>31a. United States Of America (Signature Of Contracting Officer)</b>			
<b>30b. Name And Title Of Signer (Type Or Print)</b>		<b>30c. Date Signed</b>		<b>31b. Name Of Contracting Officer (Type Or Print)</b> DONNA L WEBB /SIGNED/ WEBBD@RIA.ARMY.MIL (309)782-6369		<b>31c. Date Signed</b>	
<b>32a. Quantity In Column 21 Has Been</b> <input type="checkbox"/> Received <input type="checkbox"/> Inspected <input type="checkbox"/> Accepted And Conforms To The Contract Except As Noted				<b>33. Ship Number</b> <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>34. Voucher Number</b>	
<b>32b. Signature Of Authorized Government Representative</b>				<b>32c. Date</b>		<b>35. Amount Verified Correct For</b>	
<b>41a. I Certify This Account Is Correct And Proper For Payment</b> <b>41b. Signature And Title Of Certifying Officer</b>				<b>36. Payment</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>37. Check Number</b>	
				<b>38. S/R Account Number</b>		<b>39. S/R Voucher Number</b>	
				<b>42a. Received By (Print)</b>		<b>40. Paid By</b>	
				<b>42b. Received At (Location)</b>			
				<b>42c. Date Recd (YYMMDD)</b>		<b>42d. Total Containers</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-D-0070/0003 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> DIMENSIONS UNLIMITED INC		

SUPPLEMENTAL INFORMATION

- 1. The purpose of Delivery Order 0003 is to award 123 each DC/AC Power Inverters.
- 2. The unit price of \$2,900.00 reflects the unit price for ordering period 2.
- 3. The total dollar value of this delivery order is \$356,700.00
- 4. All other terms and conditions of the contract remain unchanged.

\*\*\* END OF NARRATIVE A 001 \*\*\*

Name of Offeror or Contractor: DIMENSIONS UNLIMITED INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>  NSN: 6130-01-492-3067 FSCM: 59678 PART NR: 11B258001 SECURITY CLASS: Unclassified				
0001AD	<u>PRODUCTION QUANTITY</u>  NOUN: DC/AC POWER INVERTER PRON: M13A2302M1      PRON AMD: 01      ACRN: AA AMS CD: 53450532142  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC				

Name of Offeror or Contractor: DIMENSIONS UNLIMITED INC

CONTRACT ADMINISTRATION DATA

							JOB				
LINE	PRON/	OBLG					ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>			<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AD	M13A2302M1	AA	2	21	32035000031C1C14P53450531E9	S11116	37A302	W52H09	\$	356,700.00	
53450532142											
									TOTAL	\$	356,700.00
SERVICE							ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		21	32035000031C1C14P53450531E9	S11116		W52H09	\$	356,700.00		
									TOTAL	\$	356,700.00